



VOLUNTEER APPLICATION

Date: _____

Name: (Dr., Miss, Mrs., Ms., Mr.) _____

Home address: street _____ city _____ zip _____

Phones: day _____ night _____

cell _____ E-mail _____

Date of Birth: _____ **Social Security #** _____

Educational Background:

Dates	Institution	Major	Degree

State of Illinois Licensure/Certification* (active/inactive/retired/none): (circle one)

Type	License Number	Date of Expiration
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* If a **health professional**, please enclose a copy of your current license/certification. If retired, inactive, or have none, please enclose a copy of your diploma.

Current Training Certificates* (all applicants): (circle yes or no)

➤ CPR/AED: **yes** **no** Date of Expiration: _____

➤ OTHER: (list) _____

*Please enclose a copy of your current certificate(s).

Employment:

Job position: _____

Occupation: _____

Current Employer: _____

Work Address: _____ Phone _____

Are you obligated to another emergency/disaster response team (hospital, Red Cross, etc.)? **Yes No**

If **yes**, identify /obligation: _____

Availability (circle days available)

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Other areas of Interest: (check all that apply)

___ Volunteer training, public information and education

___ Public relations and marketing

___ Equipment, supplies, and logistics

___ Call-tree development, record keeping and data analysis

___ Management, organization, and team leadership

___ Language skills other than English, list:

___ Other, list: _____

References:

Please provide 2 business and 1 personal reference

In what area(s) do you feel you could participate during an emergency or public health situation?

Vaccinator ___ Medical Screener ___ Mental Health Consultant ___ Greeter ___

Other _____

Other Pertinent Information: (include allergies, special considerations/limitations, etc.)

Signature: _____ **Date:** _____

Return Application To: Chet Splitt, MRC Coordinator

Lake County Health Department

3012 Grand Ave. - Waukegan, IL 60085

Phone: (847) 377 8358 Fax: (847) 625-7263 E-mail: csplitt@co.lake.il.us